POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		41	1:/	
FORMALITY REVIEW	the	946	03-13-0/	
RESPONSE FORMALITY REVIEW	EH	10.27	10-31-01	

INDEX OF CLAIMS

/	Rejected N	No	n-elected
=	Allowed I	Int	terference
 (Through numeral) 	Canceled A	Ap	peal
÷	Restricted 0	Ot	piected

÷ Restricted 0							
Ctaim	Date	Claim	Date	Claim	Date		
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3		52		102			
	 	54		104			
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7 1 1		57		107			
8		58		108			
9		59		109			
10		60		110			
11		61		111			
12 1		62		112			
13		64		114			
161		65		115	- 		
18		66		116			
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18 1		68		118			
19 1		69		119			
20		70		120			
21		71		121			
22		72		122			
23		73		123			
24		74 75		124			
25 1	 	76		125			
27	 	77		127			
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31		81		131			
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36	 	86		136			
37		87	- 	137			
38		88		138			
39		89		139			
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41		91		141			
42		92		142			
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If more than 150 claims or 10 actions staple additional sheet here

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